2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A03000000144 1. Entity Name 06 JUL 10 AM 11: 04 KER FAMILY ENTERPRISES, LTD. Principal Place of Business Mailing Address 7491 ULMERTON ROAD 7491 ULMERTON ROAD R R LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302006 CR2E003 (11/05) Chg-LP Applied For 4. FEI Number City & State City & State 56-2136242 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KER, CRAWFORD Street Address (P.O. Box Number is Not Acceptable) 7491 ULMERTON ROAD LARGO, FL 33771 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printipol name of registered agent and tide if applicable DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME KER, CRAWFORD STREET ADDRESS 7491 ULMERTON ROAD STE B CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33771 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILLU